

# PROVIDER MANUAL



**FISCAL YEAR 2007**

**GAMBLERS ASSISTANCE PROGRAM**

DIVISION OF BEHAVIORAL HEALTH SERVICES

NEBRASKA HEALTH & HUMAN SERVICES SYSTEM

PO Box 98925

LINCOLN, NE 68509

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This manual, and all subsequent updates, may be obtained via the world wide web at:  
[www.hhs.state.ne.us/beh/gam/gam.htm](http://www.hhs.state.ne.us/beh/gam/gam.htm)

**INTRODUCTION:** This Manual delineates requirements that must be met by providers who wish to access Gamblers Assistance Program (GAP) funding. Providers must meet the requirements/standards contained in this manual in order to achieve and maintain approval to receive funds for services provided under contract or agreement with the GAP.

All providers who receive reimbursement for services from the GAP agree to be bound by the requirements contained in this manual. The GAP reserves the right to update & modify this manual at any time. Update or modifications will be mailed to all eligible providers at the address known to the GAP at the time of modification. It is the provider's responsibility to notify the GAP of any address changes. Modifications will be deemed to have been received by the provider three working days from the date on which the notice was mailed.

001. **Provider Qualifications:** All Services for which reimbursement is sought must be provided by individuals that meet the following requirements:

- A. Certified by the Division as a Certified Compulsive Gambling Counselor (CCGC) under the requirements contained in Title 201 NAC.
- B. If not certified as CCGC, the counselor must document 30 hours of training approved by the Division as either core or continuing education applicable for Certification in the following areas:
  - 1. Twelve hours of training covering basic compulsive gambling knowledge;
  - 2. Twelve hours of training covering assessment of gambling behavior; and
  - 3. Six hours of training covering legal/financial issues specific to problem gambling.
- C. Counselors who meet the 30 hour training requirement found in B, but do not hold certification as defined in Title 201 NAC must document ongoing supervision provided by a CCGC.
- D. Counselors who have not met the requirements to hold the CCGC credential, and who are providing services under the exception contained in B and C, must:
  - 1. Annually document 12 hours of gambling specific continuing education applicable to becoming a certified counselor as defined in Title 201 NAC;
  - 2. Apply for certification as a compulsive gambling counselor upon meeting the education and experience requirements contained in Title 201 NAC.

002. **Crisis Intervention:** Crisis contact services for non-admitted gamblers or significant others in distress as a result of problem gambling behaviors. Interactions between a counselor and one or more non-admitted person(s) requiring face-to-face counseling for the purpose of managing a crisis situation related to problem gambling behavior. Crisis Visits serve two purposes:

1. Ensures immediate care or treatment for consumers suffering from a life changing event influenced/associated by gambling. Providers are able to help consumers deescalate and restore safety as well as emotional stability.
2. Allows providers to screen and determine if the consumer has a gambling problem. This is completed in up to three (3) visits within a twelve (12) month period by administering the proper tools and determining the need for admission into outpatient treatment.

A. **Consumer Eligibility:** A consumer, either a person gambling excessively or a significant other affected by problem gambling. To be eligible for reimbursement for services paid from GAP funds, consumers must meet the following criteria:

1. The person is a resident of the State of Nebraska;
2. The person has a need for gambling treatment services. A person is considered eligible while in assessment.

B. **Limitations:** A maximum of three (3) crisis visits are allowed per person during a 12-month period with a limit of 60 minutes per visit. All time is to be rounded to the nearest quarter hour.

C. **Documentation:** During a crisis intervention the provider must include the following information in the clinical record to qualify for reimbursement:

- Magellan intake
- At least one approved screening tool
- Crisis progress note for each visit (can be found on website)
- Magellan discharge summary (if not planning to admit)

003. **Outpatient Treatment:** Professionally directed evaluation, treatment, and recovery services for admitted persons and families experiencing a wide range of problems related to gambling that causes disruptions in the persons' lives. Outpatient services are provided in regularly scheduled sessions of no more than six (6) contact hours a week. Services are goal oriented interactions in one of three treatment modalities including:

1. Individual therapy with a problem gambling provider
2. Group therapy including the consumer and a problem gambling provider in a group setting of at least two (2) participants and no more than eight (8) participants with a staff to consumer ratio not to exceed 1:8.
3. Family therapy with or without the consumer, performed by a problem gambling provider in a session with at least two (2) family members present.

A. **Consumer Eligibility:** A consumer, either a person gambling excessively or a significant other affected by problem gambling. To be eligible for reimbursement for services paid from GAP funds, consumers must meet the following criteria:

1. The person is a resident of the State of Nebraska;
2. Meet the clinical criteria for problem/pathological gambling as defined by at least one of the following tools:
  - a. Meet the requirements for Pathological Gambling contained in the Diagnostic and Statistical Manual-IV (DSM-IV);
  - b. Obtain a score of two (2) or above on the South Oaks Gambling Screen (SOGS); or
  - c. Respond YES to seven (7) or more if the Gamblers anonymous Twenty Questions.
3. Significant others of pathological/problem gamblers are eligible to receive services if:

- a. The identified gambler is receiving services; or
  - b. The significant other answers yes to seven (7) or more of the GamAnon Twenty Questions.
4. Initial eligibility is determined by the provider by use of the above instruments. The consumer must be registered with the Division's administrative services contractor as a condition of receiving reimbursement for services provided. (See requirements in Section 008, Billing Procedures). The Division may require that services which exceed eight therapy sessions or which are provided for longer than a six (6) month period be authorized via a continuing stay review initiated by the administrative service contractor. Pre-discharge planning must be evident for authorization of services in excess of this requirement.

B. Consumer Fee. The GAP is a payer of last resort for problem gambling treatment. If, after an initial financial assessment is complete, it is determined that a consumer is able to pay for services from sources other than GAP those sources should be utilized. Therapeutic co-pays may also be assessed; however, no consumer shall be refused services based solely on inability to pay any fees as long as GAP funding is available.

C. Mandatory Discharge. Consumers who have not received outpatient treatment services in the past ninety (90) days must be discharged from the program.

004. **Clinical Records:** All consumers for whom reimbursement is sought must have an individual clinical record. The provider shall maintain records that facilitate assessment of client need, service planning, and documentation of services provided to implement the service plan, and when appropriate, discharge planning.

- Admissions Form
- HIPAA Privacy
- GAP Intake Assessment
- Confidentiality Statement
- Consent to Release
- Client Rights & Responsibility
- Progress Notes
- Gambling Evaluation Report
- Consumer Assessment (*See Consumer Eligibility for approved Screening Tools*)
- Concerned Person Questionnaire
- Significant Other Report (Collateral Report)
- Planning Assessment Summary
- Treatment Plan
- Discharge Sheet

All forms listed above can be accessed at GAP's web page at [www.hhs.state.ne.us/beh/gam/Form\\_Template](http://www.hhs.state.ne.us/beh/gam/Form_Template), as it is strongly recommended that providers use these forms. If a provider chooses to use different forms all of the same information must be captured. In addition, there are optional forms that may be used by providers if they choose.

The clinical record must be dated, legible and meet the following requirements:

- A. Contain a complete assessment of the consumer's gambling behavior and needs. The assessment must be in narrative typed form and address the following:
  1. Presenting problems;
  2. Social/Relationship history;
  3. Educational/Vocational history;



4. Medical history;
  5. Financial assessment;
  6. Gambling history;
  7. Tool(s) used and clinical interpretation;
  8. An assessment summary;
  9. Recommendations
  10. The assessment must include determination of the need for medical, substance abuse and/or mental health referral with proof of screening.
- B. The assessment must be completed prior to implementation of the treatment plan.
- C. Each consumer record must contain documentation of meeting the eligibility criteria for admission found in Section 003.A., Consumer Eligibility.
- D. The consumer record must document that the consumer received a formal orientation to the program including information concerning consumer rights. An example of acceptable documentation can be obtained by contacting the GAP. See example client's rights and responsibility form at [www.hhs.state.ne.us/beh/gam/provman/Form\\_templates](http://www.hhs.state.ne.us/beh/gam/provman/Form_templates)
- E. Contain a treatment plan based upon the assessment, which is completed within the first fifteen days of initiation of services, or by the third session, whichever occurs first. The treatment plan must include at a minimum the following;
1. Consumer's strengths which can be used in addressing service needs;
  2. Short and long term goals the consumer will be attempting to achieve and measurable objectives which relate to the achievement of the corresponding goals and objectives;

3. Documentation that the consumer was involved in development of the treatment goals, and objectives;
  4. Type and frequency of services to be received and the person primarily responsible for their provision;
  5. Specific criteria for treatment completion and the anticipated timeframe;
  6. Documentation of treatment plan review with the consumer a minimum of every ninety (90) days.
- F. Contain progress notes that document services provided, length of service, and indicates progress in meeting the goals and objectives of the treatment plan. Progress notes must be legible, dated and signed by the person responsible for the entry. If the person making the entry is not a Certified Compulsive Gambling Counselor there must be documentation that the progress notes are routinely reviewed by a CCGC.
- G. The consumer's record must document services/contacts with the clients family/significant others. If significant others are not involved in the client's treatment, the reason or rationale for lack of involvement must be documented.
- H. Contain a discharge summary which reflects services to the consumer upon discharge from the program. The summary must contain;
1. A summary of services provided and the consumer's progress in relation to the goals and objectives of the plan;
  2. Recommendations, arrangements and referrals for services;
  3. Be completed with two weeks of discharge from the program.

005. **Outreach Services:** Public education presentations aimed at increasing community awareness about problem gambling designed to assist persons who need help to connect with the services they need. Outreach efforts can be done locally by treatment specialists to increase awareness of problem gambling with the community. There are a wide array of organizations that could be traditional referral sources if made aware of the extent of problem gambling and the availability of treatment programs. Such services are provided on an as needed basis in quarter hours contract hours (travel time and preparation time are **not** included).

A. **Examples of Outreach.** Providing presentations at local hospitals, community centers, mental health programs, substance abuse programs, faith-based organizations, corrections, financial institutions, gambling establishments, media organizations, schools, coordination with administrators and/or community members in support such an event, etc.

B. **Pre-approval Requirement.** All outreach services funded by the GAP require prior approval for reimbursement of services. See Billing Procedures for specific details (GAP-4 Form). Criteria for outreach educational services include the following conditions:

1. Outreach activity must clearly be in support of reducing problem gambling among providers' service population;
2. Correspondence (documented or verbal) should show a direct relationship to the activity being funded;
3. Outcomes from outreach activities will be documented and kept on file for audit purposes.

C. **Funding Amount:** Maximum reimbursement for outreach and educational services are specific in each individual contract/agreement.

006. **Program and Fiscal Audit:** Providers under contract/agreement with the Division shall receive an annual audit to assess compliance with the requirements found in this manual. In order to verify units billed and compliance with the clinical record requirements, representatives of the Division may examine written documents, interview staff, observe provider operations and examine consumer records. All consumer information obtained during the audit will remain confidential.

- A. All client files must be available at the time of audit;
- B. The fiscal audit will determine whether units billed for GAP services are reflected by appropriate entry to the client files and are in compliance with Sections 002, 003 and 004 of this manual. Units for which payment has been made, but are improperly documented, will require repayment of funds by the Provider to the Division.
- C. Program audits will determine compliance with the requirements in Sections 002, 003 and 004 of this manual.
- D. Audit reports will be sent to the provider within forty-five days of the audit. This report will document areas of strengths and weaknesses in meeting the above requirements. The report will indicate whether the provider has achieved or maintained substantial compliance with the required documentation.
- E. If program audit findings determine the provider's clinical records are less than 95% compliant with the requirements in Sections 002, 003 and 004, the provider must submit a plan of corrections and request a follow up audit within sixty (60) days of receipt of the original audit report. Failure to submit an Office approved plan of corrections and/or failure to obtain a 95% compliance rate on the follow up audit will result in the provider forfeiting approved provider status.

007. **Billing Procedures:** Billing for GAP treatment services should be received by the 10<sup>th</sup> of the month following the month in which services are provided. Mail all information required to:

Gamblers Assistance Program  
Division of Behavioral Health Services  
P.O. Box 98925  
Lincoln NE 68509-8925

The following forms are required, when appropriate:

- A. **Claim Voucher (GAP-1)** The claim voucher summarizes the amount of services billed in the billing month and totals the amount of the billing. All appropriate fields must be completed and the “total amount requested” must accurately reflect the amount of services reported on the turn around document (TAD) for the month. An authorized representative for the Contractor/Provider must sign this form. **An original signature is required on the GAP-1** therefore facsimile and photocopies of the original will not be processed for payment.
- B. **Group Client Detail (GAP-2)** This form is used to identify each client in attendance for group sessions claimed on the GAP-1 form. Every group hour claimed for reimbursement on the GAP-1 must have a corresponding client detail that is completed. The total number of group hours listed on the GAP-1 must be equal to the number of group hours listed on the GAP-2.
- C. **Outreach/Presentation Detail (GAP-3)** This form is utilized to claim reimbursement for outreach that is **pre-approved** by the Division. Pre-approval will be indicated on a GAP-4 completed and faxed to the Division prior to the Outreach taking place. The total request detailed on this form should be entered on the appropriate line of the GAP-1. **The GAP-3 is only required when submitting more than one GAP-4, it will be used to track all of the GAP-4 activities.**
- D. **Outreach Approval Form (GAP-4)** This form must be faxed and approved by GAP staff prior to engaging in the activity. The form

must be included in the monthly reimbursement package to receive payment for outreach activities.

- E. **Voucher Claim Form (GAP-5)** For those providers who treat consumers utilizing a treatment voucher (granting six sessions), will document consumer information and voucher number on this form. Form will be kept on file for reporting and auditing purposes.
- F. **Turn Around Document (TAD)** By the 5<sup>th</sup> of the month following the month in which services were provided, the TAD must be completed on the Magellan Behavioral Health web site. For each registered consumer, the appropriate number of units of services provided must be entered into the TAD. If no services were provided, enter “0” – do not leave blanks. After entering all the data, the totals at the bottom of the TAD for assessments, individuals, and family units can be entered into the GAP-1 in the appropriate space. **The group units will need to be calculated from the GAP-2 and NOT the TAD**, as the TAD will show client hours of groups and not staff hours of groups. The TAD must be completed online prior to mailing in the GAP-1 for reimbursement of services.
- G. **Consumer Registration** All admitted and non-admitted consumers must be registered by providing consumer information on the Magellan Behavioral Health web site. You will be contacted by Magellan Behavioral Health with your user and password information to access the appropriate forms on the Magellan web site.
- H. **Billings:** Billing for services rendered must be received within **ninety (90)** days of service delivery to be eligible for reimbursement. Any reimbursement requests received after ninety (90) of service delivery will not be reimbursed.

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